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Client Information

Please provide the information requested and return it as soon as possible. It is important that you answer each question candidly and completely so that we can understand and assess your case.

If a question does not apply to your particular situation, please indicate by marking the question "N/A." If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet. Refer to the question number to which your answer applies and attach your answer to this form.

NOTICE OF CONFIDENTIALITY

The information provided is subject to the attorney-client privilege and attorney work product privileges and will be held in strict confidence. However, if a professional, including an attorney or an employee of an attorney, has cause to believe that a child has been abused or neglected or may be abused or neglected or that a child is a victim of an offense under Tex. Penal Code § 21.11, or that an adult was a victim of abuse or neglect as a child, the professional is required to make disclosure to the appropriate agency. Tex. Fam. Code § 261.101.

CLIENT QUESTIONNAIRE - HEIRSHIP

About you

1. Please give the following information about you.

Full name: _____

Date of birth: _____ Place of birth: _____

Social Security Number: _____

Driver's license number and state: _____

Maiden name, if applicable: _____

Address: _____

Phone Number: _____

Email: _____

Affiant info

2. Please give the following information regarding the person signing the affidavit.

Full name: _____

Current Address: _____

City: _____ County: _____ State: _____

Zip: _____ Home Phone: _____

How long did affiant know the deceased: _____ to _____

About your Decedent

3. Please give the following information about Decedent.

Full name: _____

Address: _____

City: _____ County: _____ State: _____

Zip: _____ Place of Death: _____

Date of birth: _____ Date of death: _____

Social Security Number: _____ Driver's License: _____

Marital History of Decedent: _____

Children of Decedent

4. Full name: _____
Address: _____
City: _____ County: _____ State: _____
Zip: _____ Date of Birth: _____ Date of Death: _____
Descendant's of deceased child: _____

Full name: _____
Address: _____
City: _____ County: _____ State: _____
Zip: _____ Date of Birth: _____ Date of Death: _____
Decedent's of deceased child: _____

Full name: _____
Address: _____
City: _____ County: _____ State: _____
Zip: _____ Date of Birth: _____ Date of Death: _____
Decedent's of deceased child: _____

Parents of Decedent

5. Full Name of Mother: _____
Address: _____
City: _____ County: _____ State: _____
Zip: _____ Place of Death: _____
Full Name of Father: _____
Address: _____
City: _____ County: _____ State: _____
Zip: _____ Place of Death: _____

Property

6. List any real property decedent owned an interest in: _____

Debts

7. List any debts owed by the Decedent or the estate: _____

Other

8. Was there a written will? _____
Are there any other heirs not listed above? _____
Any debts unpaid? _____
Any unpaid estate or inheritance? _____
Did decedent own an interest in any real property? _____